



Registration Form

Chair and Academic Administrators Management Program (CAAMP)

July 22-25, 2010
University of the Pacific, San Francisco

(Please type or print the following)

Full Name: _____

Preferred First Name or Nickname: _____

School or Institutional Affiliation (if any):

Title/Academic Rank (if any): _____

Mailing Address:

City: _____

State (if USA): _____

Country (if other than USA): _____

Zip Code: _____

Email Address: _____

Work Phone: _____

Home or Cell Phone: _____

Fax Number: _____

Highest degree(s)/certification(s) attained: _____

If you currently hold an academic position, please indicate if your appointment is:

___ Full time

___ Part time

Please indicate if you are willing to have your name and contact information listed in the directory of participants:

Yes

No

How did you learn about CAAMP?

Referral from dean/administrator/
department chair

Referral from colleague

ADEA website

ADEA newsletter/e-mail

Academy for Academic Leadership e-mail

Internet search

Ad in dental journal*

Specialty organization website*

Specialty organization newsletter/e-mail*

Other*

* - please specify: _____

The registration fee for CAAMP is ~~\$2,495~~ only \$2,195.

To pay by credit card, please write your credit card number and expiration date on the "Address" lines below. The Academy for Academic Leadership will e-mail a receipt to you.

If you wish to be invoiced for the registration fee, or if you wish your institution to be invoiced, please complete the following:

Name: _____

Address: _____

Agreement to Participate:

I understand that if I am selected to participate in CAAMP, I am required to attend all activities and complete all assignments throughout the program. I understand that, once I am accepted, the registration fee of \$2,195 is due by July 22, 2010. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the Academy for Academic Leadership. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to the Academy for Academic Leadership. The Academy for Academic Leadership is not responsible for other costs that I incur as a participant in the program. I understand that the Academy for Academic Leadership is not a placement agency and makes no promise of employment as a result of participation in the program. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: _____ Date: _____

Please mail to:

**Academy for Academic Leadership – CAAMP
1870 The Exchange
Suite 100
Atlanta, GA 30339**